

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4						
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10						
11						
12						
13						
14	1			1		
15		1				
16			1			
17			1			
18			1			
19			1			
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21			1			
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	13	←	13	←	←	
TOTAL CLAIMS	15		15			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.					←	
TOTAL CLAIMS					←	←